



## Faculty of Homeopathy

### SPECIALIST REGISTRATION ASSESSMENT

Application for the Autumn 2010 sitting

#### IMPORTANT

- ❑ Applicants must read the accompanying document *Higher Specialist Training: Guidelines for Trainees* before completing this application form. Applications which are incomplete or do not provide the information requested in the regulations cannot be accepted.
- ❑ If you are uncertain about how to complete this form it is important that you contact the Academic Office (contact details below) for assistance *before the closing date* for submission of applications.

PLEASE WRITE LEGIBLY IN BLACK INK

Name

Address

Telephone

|       |       |
|-------|-------|
| Home: | Work: |
|-------|-------|

Fax

Email

**DATE/VENUE**

When would you like to take your assessment? Please indicate below. Your assessment will be held on one of the two dates shown.

Glasgow 11 October

Luton 18 October

**SUBMISSION OF WRITTEN WORK**

Applications for specialist registration assessment are conditional upon presentation of case histories and a dissertation or project (unless by prior agreement with the Faculty). For further guidance about the submission of written work please refer to the document 'Higher Specialist Training – Guidelines for Trainees'.

- I enclose a final appraisal, mutually agreed with my supervisor, confirming my readiness to commit to a final assessment
- I enclose TWO copies of five case histories and a dissertation or project
- I have completed the agreed training period (equivalent to two years' full-time practice in homeopathy) confirmed with the Dean and my supervisor

This part of the form must be signed by your supervisor

I confirm that .....[insert name of candidate] and I have discussed his/her readiness to come forward for assessment. A final appraisal (mutually agreed) is enclosed.

Signature of supervisor.....

If you do not wish the Faculty to use your case histories and project/dissertation for publication please tick this box

**SPECIAL NEEDS**

Please inform the Faculty in advance if you have any special needs which you consider will affect your examination performance.

**PAYMENT DETAILS**

The fee for assessment is £350. Please note that if you withdraw your application after the closing date your fee cannot be refunded.

Please make cheques payable to the *Faculty of Homeopathy* in pounds sterling. The Faculty cannot accept post-dated cheques.

My cheque for £350 is enclosed  OR I wish to pay by Visa/Mastercard

Credit card details

Card no.

Expiry date /

Signature

Name on card

Address (if different from above)

Please sign, date and return this form to the Academic Office, Hahnemann House, 29 Park Street West, Luton LU1 3BE

Tel: 01582 408680

Fax: 01582 723032

Email: [info@facultyofhomeopathy.org](mailto:info@facultyofhomeopathy.org)

**CLOSING DATE**

The completed application form and full examination fee must be received at the Faculty Academic Office no later than 13 August 2010. Late applications cannot be accepted.

**ACKNOWLEDGEMENT OF RECEIPT**

Your application form will be acknowledged within one week of the closing date. If you wish to confirm receipt of your application prior to the closing date please contact Academic Office by telephone or email.

Signature

Date